

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5) Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

146/070

OMB APPROVA

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity			·
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Fulcrum Growth Partners IV, L.P.	Trevious runne(s)	None	Corporation
Jurisdiction of Incorporation/Organization	on L		Limited Partnership
Delaware			Limited Liability Company
Year of Incorporation/Organization		4	General Partnership Business Trust
(Select one) Over Five Years Ago Within Last Five	re Years Vo	t to Be Formed	Other (Specify)
Over Five Years Ago Within Last Fiv (specify ye		t to be ronned	
-		•	aching Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Busines	s and Contact Informat		
Street Address 1		Street Address 2	
First National Tower, Suite 3800		1601 Dodge Street	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Omaha	Nebraska	68102	(402) 932-8600
Item 3. Related Persons			
Last Name	First Name		Middle Name
McCarthy	Michael		R.
Street Address 1		Street Address 2	
First National Tower, Suite 3800		1601 Dodge Street	42
City	State/Province/Country	ZIP/Postal Code	No.
Omaha	Nebraska	68102	A Soliday
Relationship(s): X Executive Officer	□ Director		Man And And And And And And And And And An
Clarification of Response (if Necessary)			70 Op
Item 4. Industry Group (Selec	t one)	s by checking this box	and attaching Item 3 Continuation Page(s).
Banking and Financial Services	Energy		REITS & Finance
Commercial Banking	\subseteq	tric Utilities gy Conservation	Residential
Insurance Investing	Q	Mining	Other Real Estate
Investment Banking	<u></u> Envi	ronmental Services	Retailing
Pooled Investment Fund	Oil 8	k Gas	Restaurants Technology
If selecting this industry group, also s		er Energy	Computers
type below and answer the question Hedge Fund	Health C	are echnology	Telecommunications
Private Equity Fund	Q	th Insurance	Other Technology
Venture Capital Fund	$\overline{\mathcal{Q}}$	oitals & Physcians	Travel
Other Investment Fund		maceuticals	Airlines & Airports
Is the issuer registered as an inv company under the investment	Company	r Health Care	Lodging & Conventions Tourism & Travel Services
Act of 1940? Yes O N	lo ' ' Manufac	==	Other Travel
Other Banking & Financial Services	Real Esta		Other

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Item 5. Issuer Size (Select one) Revenue Range (for issuer not specifying "hedge" Aggregate Net Asset Value Range (for issuer or "other investment" fund in Item 4 above) specifying "hedge" or "other investment" fund in Item 4 above) OR No Revenues No Aggregate Net Asset Value \$1 - \$1,000,000 \$1 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$100,000,000 \$50,000,001 - \$100,000,000 Over \$100,000,000 Over \$100,000,000 Decline to Disclose Decline to Disclose Not Applicable Not Applicable Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply) Investment Company Act Section 3(c) Rule 504(b)(1) (not (i), (ii) or (iii)) Section 3(c)(9) Section 3(c)(1) Rule 504(b)(1)(i) Section 3(c)(10) Section 3(c)(2) Rule 504(b)(1)(ii) Section 3(c)(3) Section 3(c)(11) Rule 504(b)(1)(iii) Section 3(c)(4) Section 3(c)(12) Rule 505 Section 3(c)(5) Section 3(c)(13) Rule 506 Section 3(c)(6) Section 3(c)(14) Securities Act Section 4(6) Section 3(c)(7) Item 7. Type of Filing New Notice OR Amendment Date of First Sale in this Offering: OR ★ First Sale Yet to Occur Item 8. Duration of Offering Does the issuer intend this offering to last more than one year? ☐ Yes **⋈** No Item 9. Type(s) of Securities Offered (Select all that apply) □ Equity ▼ Pooled Investment Fund Interests Tenant-in-Common Securities Debt Mineral Property Securities Option, Warrant or Other Right to Acquire Other (Describe) **Another Security** Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security **Item 10. Business Combination Transaction** Is this offering being made in connection with a business combination X No transaction, such as a merger, acquisition or exchange offer? Clarification of Response (if Necessary)

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Item 11. Minimum Investment	
Minimum investment accepted from any outside investor \$	250,000
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
None.	☐ No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Province	re/Country ZIP/Postal Code
States of Solicitation All States AL AK AZ AR CAS CO	CT DE DC FL GA HI DD
IL IN IA IKS IKY ILA I	ME MD MA MI MN MS MO
MT NE NV NH NJ NM	NY NO NO OH OK OR PA
RI SC SD TN TX UT	VT VA WA WV WI WV PR
(Identify additional person(s) being paid compensa	ition by checking this box $ \square $ and attaching Item 12 Continuation Page(s)
Item 13. Offering and Sales Amounts	T
(a) Total Offering Amount \$ 75,000,000	OR Indefinite
(a) Total Ollosing Fallount	OR Indefinite
(b) Total Amount Sold \$ 0	
(c) Total Remaining to be Sold (Subtract (a) from (b))	OR Indefinite
Clarification of Response (if Necessary)	
Item 14. Investors	
Check this box if securities in the offering have been or may be number of such non-accredited investors who already have investors	sold to persons who do not qualify as accredited investors, and enter the ed in the offering:
Enter the total number of investors who already have invested in t	the offering: 0
Item 15. Sales Commissions and Finders' Fees Ex	rpenses
Provide separately the amounts of sales commissions and finders' check the box next to the amount.	fees expenses, if any. If an amount is not known, provide an estimate and
	Sales Commissions \$ 0
Clarification of Response (if Necessary)	Finders' Fees \$ 0 Estimate

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em 16. Use of Proceeds		
rovide the amount of the gross proceeds of the offering that has been sed for payments to any of the persons required to be named as rectors or promoters in response to Item 3 above. If the amount is ustimate and check the box next to the amount.	executive officers, \$ 0	Estimate
Clarification of Response (if Necessary)		
ignature and Submission		
Please verify the information you have entered and review th	e Terms of Submission below before signing	and submitting this notice.
Terms of Submission. In Submitting this notice, each	identified issuer is:	
the State in which the issuer maintains its principal place of process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excurred Company Act of 1940, or the Investment Advisers Act of 1940 State in which the issuer maintains its principal place of busine Certifying that, if the issuer is claiming a Rule 505 ethe reasons stated in Rule 505(b)(2)(iii).	e on its behalf, of any notice, process or plead any Federal or state action, administrative pro he United States, if the action, proceeding on he subject of this notice, and (b) is founded, of thange Act of 1934, the Trust Indenture Act of the one of the state in which this notice is filed	ding, and further agreeing that roceeding, or arbitration brought or arbitration (a) arises out of any directly or indirectly, upon the of 1939, the Investment se statutes; or (ii) the laws of the
* This undertaking does not affect any limits Section 102(a) of the N 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to ree "covered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority.	quire information. As a result, if the securities that s or due to the nature of the offering that is the sul	are the subject of this Form D are oject of this Form D, States cannot
Each identified issuer has read this notice, knows the contenundersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	ts to be true, and has duly caused this notice nd attach Signature Continuation Pages for s	
issuer(s)	Name of Signer	
Fulcrum Growth Partners IV, L.P.	Michael R. McCarthy	
Signature	Title	
Maha WRM Harley	Chairman	
Number of continuation and		Date
Number of continuation pages attached		March 13, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Bradford	Dana		c.
Street Address 1		Street Address 2	
First National Tower, Suite 3800		1601 Dodge Street	
City	State/Province/Country	ZIP/Postal Code	
Omaha	Nebraska	68102	
Relationship(s): X Executive Officer	☐ Director ☐ Promoter		
Clarification of Response (if Necessary)	<u> </u>		
Last Name	First Name		Middle Name
Myers	Robert		E.
Street Address 1		Street Address 2	
First National Tower, Suite 3800		1601 Dodge Street	
City	State/Province/Country	ZIP/Postal Code	
Omaha	Nebraska	68102	
Relationship(s): X Executive Officer	Director X Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Last Name Duffy	First Name Patrick		Middle Name J.
		Street Address 2	¬
Duffy		Street Address 2 1601 Dodge Street	¬
Duffy Street Address 1			¬
Duffy Street Address 1 First National Tower, Suite 3800	Patrick	1601 Dodge Street	¬
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha	Patrick State/Province/Country Nebraska	1601 Dodge Street ZIP/Postal Code	¬
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer	Patrick State/Province/Country Nebraska	1601 Dodge Street ZIP/Postal Code	¬
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha	Patrick State/Province/Country Nebraska	1601 Dodge Street ZIP/Postal Code	¬
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary)	Patrick State/Province/Country Nebraska	1601 Dodge Street ZIP/Postal Code	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer	Patrick State/Province/Country Nebraska	1601 Dodge Street ZIP/Postal Code	¬
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name	Patrick State/Province/Country Nebraska Director X Promoter	1601 Dodge Street ZIP/Postal Code 68102	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary)	Patrick State/Province/Country Nebraska Director X Promoter	1601 Dodge Street ZIP/Postal Code	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Street Address 1	Patrick State/Province/Country Nebraska Director Promoter First Name	1601 Dodge Street ZIP/Postal Code 68102 Street Address 2	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name	Patrick State/Province/Country Nebraska Director X Promoter	1601 Dodge Street ZIP/Postal Code 68102	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Street Address 1	Patrick State/Province/Country Nebraska Director Promoter First Name	1601 Dodge Street ZIP/Postal Code 68102 Street Address 2	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Street Address 1	State/Province/Country Nebraska Director X Promoter First Name State/Province/Country	1601 Dodge Street ZIP/Postal Code 68102 Street Address 2	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Street Address 1 City	State/Province/Country Nebraska Director X Promoter First Name State/Province/Country	1601 Dodge Street ZIP/Postal Code 68102 Street Address 2	J.
Duffy Street Address 1 First National Tower, Suite 3800 City Omaha Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Street Address 1 City Relationship(s): Executive Officer	State/Province/Country Nebraska Director X Promoter First Name State/Province/Country	I601 Dodge Street ZIP/Postal Code 68102 Street Address 2 ZIP/Postal Code	J.